



FOLLOW-UP VISIT 11

CODEBOOK

ARCHIVED DATASET 2018

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DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 11 DATASET

1. Who is included in the public use dataset:

The dataset contains follow-up visit 11 information for the 3,302 women from 6 of the clinical sites participating in the SWAN longitudinal study. The sites include Boston, MA, Pittsburgh, PA, Oakland and Los Angeles, CA, Detroit, MI, and Chicago, IL. The Newark, NJ site did not participate in collection of interim visit 11 data.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 11. A list of additional variables is also provided. The questionnaires include the variables available for public use next to the question in bold red uppercase underlined letters. Those variables not available for public use have a # before the variable and are in blue. Any special notes are indicated with footnotes at the bottom of the page.

The assigned participant ID has been replaced with a randomly generated ARCHID in order to protect participant privacy. The *baseline* interview date is denoted as day 0 and is used as the basis for all other dates. All other questionnaires or data collected that have a date attached have been converted to the number of days from the baseline interview.

All variables for visit 11 have a 11 at the end of the variable name.

3. Missing data coding:

Original missing codes (-1: not applicable, -7: refused, -8: don't know, -9: missing) have been recoded to SAS missing codes (.B: not applicable, .D: refused, .C: don't know, and .A: missing).

4. Ways this data can be used and additional notes

Interim Contact Follow-up Form

- The variables in this 'visit 11 Interim Contact' (IRM) data are mostly found in 'Interviewer-Administered' data (abbreviated as *INT*) for the previous visits. On the other hands, smoking-related variables and vasomotor symptoms' variables (such as hotfla11) are found in Self-Administered Questionnaire Part A (SAA) for the previous visits.
- In general, most 'Other, specify' text fields are not included in the dataset.
- Age (AGE11) was calculated from date of birth to when the interview form was completed, and is rounded to the next lowest integer.
- CES-D scores can be created from the questions in E.5.
- The Interim form could be used to create variables indicating start or stop using hormone since last study visit by the analysts by using questions B11-16 as follows:
 - STRTEST11=yes if any of B11 to B16="yes", otherwise, STRTEST11=no, and STRTEST11=missing if any related questions are missing.
 - STPESTR11=yes if any of B11 to B16=Yes and ALL of B11b-B16b=No. Otherwise, STPESTR11=no, STPESTR11=missing if any questions are missing.
 - Note that this data set does not contain the same variable as B. 21 of the Follow-up 10 Interview or consider it in this instruction.

Physical Measures

- Women with at least one physical measurement at visit 11 are included in the dataset. This single measurement could be self-reported. Note that the Oakland, CA site only conducted the interim contact form to participants through the mail or over-the-phone and did not complete any physical measures forms on their participants. Question A8: Were physical measures completed? Y/N

captures this information. Question A8.1, answered if A8 = No, allows the sites to indicate why no physical measures were completed.

- Self-reported weight data from the IRM are included in the physical measures dataset. A flag variable DATAFLG11 has been created to indicate the form from which each participant's data have been taken. This flag variable takes the values: "PHY" and "INT".

Additional Measures

Additional Variables

A variable describing the race/ethnicity of participants (RACE) and study site (SITE) were added from the Screener dataset. See the Additional Measures section at the end of the codebook for descriptions.

Date of completion variables (IRMDAY11, PHYDAY11, HYSTDAY11, etc.) are given in days from interview date at baseline. Note that for 5 participants, interview completion dates at baseline were not available and alternative dates were substituted either from the Self-Administered Questionnaire-A or Physical Measures completion dates at baseline.

Longitudinal Measures

Please note that additional study measures are provided in separate longitudinal datasets. These datasets include: Menopausal Status, Bone Mineral Density, Medication Drug Groups, and Vitamin D.

PLEASE do not write anything on this page. This page is for OFFICE USE ONLY.

Date Data Entered / Initials _____

Date Verified / Initials _____

INTERIM CONTACT FOLLOW UP FORM

INTERIM FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID=

A2. SWAN STUDY VISIT #

11

VISIT

A3. FORM VERSION:

06/01/2007

#FORM_V

A4. INTERVIEWER'S INITIALS: ___ ___ ___

#INITS

A5. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___

#DOB

M M D D Y Y Y Y

A6. INTERVIEW COMPLETED IN:

#MAILLOC11

- RESPONDENT'S HOME / VIA MAIL 1
- CLINIC / OFFICE 2
- RESPONDENT'S HOME W/ PROXY 3
- CLINIC/OFFICE W/ PROXY 4
- TELEPHONE 5
- TELEPHONE BY PROXY 6

A7. INTERVIEW LANGUAGE:

LANGUAG11

- ENGLISH 1
- SPANISH 2
- CANTONESE 3
- JAPANESE 4

A8. INTERVIEWER ADMINISTERED?

#INTADMN11

- NO 1
- YES 2

~ A randomly generated ID will be provided that is different from the original ID.

PLEASE do not write anything on this page. This page is for OFFICE USE ONLY.

We are interested in learning more about women's health during their 50's and 60's. The following questions will help to further the knowledge about this crucial time period in a woman's life. Please answer the following questions as completely as possible. Thank you for your dedication and commitment to the SWAN study.

Your last SWAN study visit was on _____. We would like to ask you a few questions about what's happened to you since then.

B1. Please enter today's date: _____ **IRMDAY11[†]**
M M / D D / Y Y Y Y

B2. In general, would you say your health is excellent, very good, good, fair or poor? (PLEASE CIRCLE ONE RESPONSE.) **OVERHLT11**

Excellent.....	1
Very good.....	2
Good.....	3
Fair.....	4
Poor.....	5
Don't know.....	-8

B3. How much do you weigh? _____ (lbs) **#WGHTLBS**

B4. **Since your last study visit**, have you smoked cigarettes regularly (at least one cigarette a day)? **SMOKERE11**

No.....	1	(GO TO B5)
Yes.....	2	

B4a. How many cigarettes, on average, do you smoke per day now? (IF NONE, please indicate with a (0) zero and answer B4b.)

_____ CIGARETTES PER DAY **AVCIGDA11**

B4b. If you stopped smoking since your last study visit, what was the last month and year you smoked? (CHECK BOX IF UNKNOWN.)

M M	/	Y Y Y Y	Don't Know (-8) <input type="checkbox"/>
-----	---	---------	------------------------------------------

#SMOKEMO11 #SMOKEYR11

SMOKDAY11[†]

B5. Are you currently pregnant? **PREGNAN11**

No.....	1
Yes.....	2
Don't Know.....	-8

[†] Dates are given in days since the initial baseline interview, which is day zero.

Now we would like to know about your menstrual periods.

B6. Did you have any menstrual bleeding **since your last study visit**? (CIRCLE ONE RESPONSE.) **BLEEDNG11**

- No..... 1 (GO TO B11, PAGE 4)
- Yes..... 2

B7. Did you have any menstrual bleeding in the last 3 months? (CIRCLE ONE RESPONSE.) **BLD3MON11**

- No..... 1
- Yes..... 2

B8. What was the date that you started your most recent menstrual bleeding?

<table border="1" style="border-collapse: collapse; width: 50px; height: 30px;"> <tr><td style="text-align: center;">M</td></tr> <tr><td style="text-align: center;">M</td></tr> </table>	M	M	/	<table border="1" style="border-collapse: collapse; width: 50px; height: 30px;"> <tr><td style="text-align: center;">D</td></tr> <tr><td style="text-align: center;">D</td></tr> </table>	D	D	/	<table border="1" style="border-collapse: collapse; width: 100px; height: 30px;"> <tr><td style="text-align: center;">Y</td></tr> <tr><td style="text-align: center;">Y</td></tr> <tr><td style="text-align: center;">Y</td></tr> <tr><td style="text-align: center;">Y</td></tr> </table>	Y	Y	Y	Y
M												
M												
D												
D												
Y												
Y												
Y												
Y												

[IF YOU DO NOT KNOW THE EXACT DAY, ENTER THE MONTH AND YEAR.]

#BLEEMO11 #BLEEDA11 #BLEEYR11

LMPDATE11

For the next two questions, we would like to ask you to think about your periods since your last study visit, during times when you were not using birth control pills or other hormone medications.

B9. Which of the following best describes your menstrual periods **since your last study visit**? Have they: (CIRCLE ONE RESPONSE.) **DESCPER11**

- Become farther apart? 1
- Become closer together? 2
- Occurred at more variable intervals? 3
- Stayed the same? 4
- Become more regular? 5
- Don't Know -8
- Not Applicable -1 (GO TO B11, PAGE 4)

B10. A menstrual cycle is the period of time from the beginning of bleeding from one menstrual period to the beginning of bleeding of the next menstrual period. **Since your last study visit**, what was the usual length of your menstrual cycles? (CIRCLE ONE RESPONSE.) **LENGCYL11**

- Less than 24 days 1
- 24-35 Days 2
- More than 35 days 3
- Too variable or irregular to say 4
- Don't know -8

The next questions ask about medications which are prescribed by your doctor or other health care provider that you have taken since your last study visit.

(CIRCLE 1 FOR “NO” OR 2 FOR “YES” FOR EACH QUESTION B11.a. – B16.a.)

IF “YES” TO QUESTION(S) B11.a. – B16.a., CIRCLE 1 FOR “NO” OR 2 FOR “YES” FOR QUESTION(S) B11.b. – B16.b.)

Since your last study visit, did you take...		a. Have you taken this medication?		b. If yes, have you been taking it during the past month?	
		NO	YES	NO	YES
B11.	Birth Control pills? <u>BCP111</u>	1 (B12)	2 →	1	<u>BCPMO111</u> 2
B12.	Estrogen pills (such as Premarin, Estrace, Ogen, etc)? <u>ESTROG111</u>	1 (B13)	2 →	1	<u>ESTRMO111</u> 2
B13.	Estrogen by injection or patch (such as Estraderm)? <u>ESTRNJ111</u>	1 (B14)	2 →	1	<u>EINJMO111</u> 2
B14.	Combination estrogen/progestin (such as Premphase or Prempro)? <u>COMBIN111</u>	1 (B15)	2 →	1	<u>COMBMO111</u> 2
B15.	Progestin pills (such as Provera)? <u>PROGES111</u>	1 (B16)	2 →	1	<u>PROGMO111</u> 2
B16.	Any other <u>prescription hormones</u> , <u>OHRM 111</u> for example vaginal rings (such as Femring), progestin injections (such as Depo-Provera), estrogen/testosterone combinations (such as Estratest), or vaginal creams?	1 (C1)	2 →	1	<u>OHRMMO111</u> 2

Now, we’re going to ask you some questions about your health and medical conditions.

C1. How many times have you broken or fractured one or more bones **since your last study visit**? (IF MORE THAN ONE BONE WAS BROKEN DURING THE SAME EVENT, COUNT AS ONE TIME.)

_____ # of events where bone(s) were broken or fractured **BROKEBO11**

Note: If you reported above that **you broke or fractured any bones**, we’d like to know more about those events. You may get a call from one of the study representatives at your SWAN site to ask you more questions.

C2. **Since your last study visit** have you had a hysterectomy (an operation to remove your uterus or womb)?

HYSTERE11

No 1 (GO TO C3)
Yes 2
Don't Know -8 (GO TO C3)

C2a. **If Yes**, give date of the hysterectomy:
(CHECK BOX IF UNKNOWN)

_	_	/	_	_	_	_
M	M		Y	Y	Y	Y

Don't Know (-8)

HYSTDAY11[†]

Note: If you reported above that you **had a hysterectomy**, we're interested in knowing more about your experience. You may get a call from one of the study representatives at your SWAN site to ask you more questions.

C3. **Since your last study visit**, did you have one or both ovaries removed (an oophorectomy)?

OOPHORE11

No 1 (GO TO C4)
Yes 2
Don't Know -8 (GO TO C4)

C3a. Was one ovary removed or were both ovaries removed? **ONEOVAR11**

One Ovary Removed 1
Both Ovaries Removed 2
Don't Know -8

C4. **Since your last study visit**, did you have an endometrial ablation (a procedure to reduce or eliminate menstrual periods by partially or completely destroying the lining of the uterus)? **ABLATIN11**

No 1
Yes 2
Don't Know -8

C5. **Since your last study visit**, did you have fibroids (benign growths in the uterus or womb)? **FIBRUTR11**

No 1
Yes 2
Don't Know -8

[†] Date is given in days since the initial baseline interview, which is day zero.

C6. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them? (CIRCLE ONE NUMBER ON EACH LINE, a. – g.)

		NO	YES	DON'T KNOW
a.	Diabetes? <u>DIABETE11</u>	1	2	-8
b.	High blood pressure or hypertension? <u>HIGHBP11</u>	1	2	-8
c.	High cholesterol? <u>HBCHOLE11</u>	1	2	-8
d.	Arthritis or osteoarthritis (degenerative joint disease)? <u>OSTEOAR11</u>	1	2	-8
e.	Overactive or underactive thyroid? <u>THYROID11</u>	1	2	-8
f.	Angina? <u>ANGINA11</u>	1	2	-8
g.	Osteoporosis (brittle or thinning bones)? <u>OSTEOPR11</u>	1	2	-8

C7. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had cancer, other than skin cancer? CANCERS11

No..... 1 (GO TO C8)
 Yes..... 2
 Don't Know..... -8 (GO TO C8)

C7a. IF YES, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) PSITCA11

One Breast..... 1
 Both Breasts 2
 Ovary 3
 Uterus 4
 Cervix..... 5
 Vulva 6
 None of the above / other 7
 Don't Know -8

C8. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had a stroke? STROKE11

No..... 1 (GO TO C9, PAGE 7)
 Yes..... 2
 Don't Know..... -8 (GO TO C9, PAGE 7)

C8a. **If Yes**, give date of the first stroke since your last study visit (if more than one stroke):
 (CHECK BOX IF UNKNOWN.)

<table border="0" style="margin: 0 auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">M</td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">M</td> </tr> </table>	M	M	/	<table border="0" style="margin: 0 auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Y</td> </tr> </table>	Y	Y	Y	Y	Don't Know (-8) <input type="checkbox"/>
M	M								
Y	Y	Y	Y						

#STROKMO11 #STROKYR11

CVADAY11[†]

[†] Date is given in days since the initial baseline interview, which is day zero.

C9. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had a heart attack? **HEARTAT11**

- No..... 1 (GO TO C10)
- Yes..... 2
- Don't Know..... -8 (GO TO C10)

C9a. **If Yes**, give date of the first heart attack since your last study visit (if more than one heart attack): (CHECK BOX IF UNKNOWN.)

<table style="border: none; width: 100%;"> <tr><td style="width: 50%; border-bottom: 1px solid black;"> </td><td style="width: 50%; border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> </table>			M	M	/	<table style="border: none; width: 100%;"> <tr><td style="width: 25%; border-bottom: 1px solid black;"> </td><td style="width: 25%; border-bottom: 1px solid black;"> </td><td style="width: 25%; border-bottom: 1px solid black;"> </td><td style="width: 25%; border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>					Y	Y	Y	Y	Don't Know (-8) <input type="checkbox"/>
M	M														
Y	Y	Y	Y												
#HARTMO11		#HARTYR11	MIDAY11 [†]												

C10. **Since your last study visit**, have you had a heart bypass operation (coronary artery bypass graft surgery or CABG)? **BYPASS11**

- No..... 1 (GO TO C11)
- Yes..... 2
- Don't Know..... -8 (GO TO C11)

C10a. **If Yes**, give date of the first bypass operation since your last study visit (if more than one bypass): (CHECK BOX IF UNKNOWN.)

<table style="border: none; width: 100%;"> <tr><td style="width: 50%; border-bottom: 1px solid black;"> </td><td style="width: 50%; border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> </table>			M	M	/	<table style="border: none; width: 100%;"> <tr><td style="width: 25%; border-bottom: 1px solid black;"> </td><td style="width: 25%; border-bottom: 1px solid black;"> </td><td style="width: 25%; border-bottom: 1px solid black;"> </td><td style="width: 25%; border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>					Y	Y	Y	Y	Don't Know (-8) <input type="checkbox"/>
M	M														
Y	Y	Y	Y												
#BYPAMO11		#BYPAYR11	CABGDAY11 [†]												

C11. **Since your last study visit**, have you had a procedure to unblock blood vessels to your heart muscle (PTCA, angioplasty, stent or atherectomy)? **UNBLKH11**

- No..... 1 (GO TO C12, PAGE 8)
- Yes..... 2
- Don't Know..... -8 (GO TO C12, PAGE 8)

C11a. **If Yes**, give date of the first procedure since you last study visit (if more than one procedure): (CHECK BOX IF UNKNOWN.)

<table style="border: none; width: 100%;"> <tr><td style="width: 50%; border-bottom: 1px solid black;"> </td><td style="width: 50%; border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> </table>			M	M	/	<table style="border: none; width: 100%;"> <tr><td style="width: 25%; border-bottom: 1px solid black;"> </td><td style="width: 25%; border-bottom: 1px solid black;"> </td><td style="width: 25%; border-bottom: 1px solid black;"> </td><td style="width: 25%; border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>					Y	Y	Y	Y	Don't Know (-8) <input type="checkbox"/>
M	M														
Y	Y	Y	Y												
#UNBHMO11		#UNBHRY11	PCIDAY11 [†]												

[†] Date is given in days since the initial baseline interview, which is day zero.

C12. **Since your last study visit**, have you had a procedure to unblock narrowed blood vessels in your neck (carotid endarterectomy, angioplasty or stent)? **UNBLKN11**

- No..... 1 (GO TO C13)
 Yes..... 2
 Don't Know..... -8 (GO TO C13)

C12a. **If Yes**, give date of the first procedure since your last study visit (if more than one procedure):
 (CHECK BOX IF UNKNOWN.)

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> _ _ M M </div>	/	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> _ _ _ _ Y Y Y Y </div>	Don't Know (-8) <input type="checkbox"/>
#UNBNMO11		#UNBNYR11	NECKDAY11[†]

C13. **Since your last study visit**, have you had a procedure to unblock narrowed blood vessels in your arms or legs (bypass surgery, angioplasty or stent)? **UNBLKA11**

- No..... 1 (GO TO D1)
 Yes..... 2
 Don't Know..... -8 (GO TO D1)

C13a. **If Yes**, give date of the first procedure since your last study visit (if more than one procedure):
 (CHECK BOX IF UNKNOWN.)

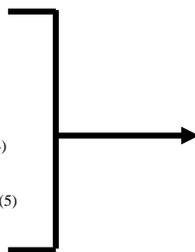
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> _ _ M M </div>	/	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> _ _ _ _ Y Y Y Y </div>	Don't Know (-8) <input type="checkbox"/>
#UNBAMO11		#UNBAYR11	PADDAY11[†]

The following questions are about specific health problems you may have had over the past two weeks.

D1. **Over the past two weeks**, how often have you had hot flashes or flushes? **HOTFLAS11**
 (CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.)

Not at all ⁽¹⁾ (GO TO D2, PAGE 9)

- 1-5 days** ⁽²⁾
 6-8 days ⁽³⁾
 9-13 days ⁽⁴⁾
 Every day ⁽⁵⁾



D1a. On the days that you have hot flashes or flushes, how many times each day do you usually have them? **NUMHOTF11**

NUMBER OF TIMES PER DAY: ___ ___ (GO TO D1b)

D1b. How much are you usually bothered by hot flashes or flushes?
 (CIRCLE ONE RESPONSE.) **BOTHOTF11**

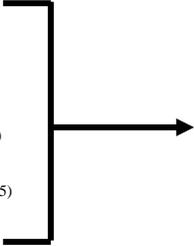
Not at all	1
Very little	2
Moderately	3
A lot	4

[†] Date is given in days since the initial baseline interview, which is day zero.

D2. **Over the past two weeks, how often have you had cold sweats?** **COLDSWE11**
 (CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.)

Not at all ⁽¹⁾ **(GO TO D3)**

- 1-5 days** ⁽²⁾
- 6-8 days** ⁽³⁾
- 9-13 days** ⁽⁴⁾
- Every day** ⁽⁵⁾



D2a. On the days that you have cold sweats, how many times each day do you usually have them? **NUMCLDS11**

NUMBER OF TIMES PER DAY: ___ ___ **(GO TO D2b)**

D2b. How much are you usually bothered by cold sweats? **BOTCLDS11**

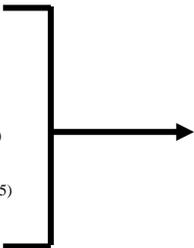
(CIRCLE ONE RESPONSE.)

Not at all	1
Very little	2
Moderately	3
A lot	4

D3. **Over the past two weeks, how often have you had night sweats?** **NITESWE11**
 (CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.)

Not at all ⁽¹⁾ **(GO TO D4, PAGE 10)**

- 1-5 days** ⁽²⁾
- 6-8 days** ⁽³⁾
- 9-13 days** ⁽⁴⁾
- Every day** ⁽⁵⁾



D3a. On the days that you have night sweats, how many times each night do you usually have them? **NUMNITS11**

NUMBER OF TIMES PER NIGHT: ___ ___ **(GO TO D3b)**

D3b. How much are you usually bothered by night sweats? **BOTNITS11**

(CIRCLE ONE RESPONSE.)

Not at all	1
Very little	2
Moderately	3
A lot	4

D4. Below is a list of common problems which affect us from time to time in our daily lives. Thinking back over the **past two weeks**, please circle the number corresponding to how often you experienced any of the following. (CIRCLE ONE NUMBER ON EACH LINE, a. – p.)

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Everyday
a. Stiffness or soreness in joints, neck or shoulders? <u>STIFF11</u>	1	2	3	4	5
b. Back aches or pains? <u>ACHES11</u>	1	2	3	4	5
c. Vaginal dryness? <u>VAGINDR11</u>	1	2	3	4	5
d. Feeling blue or depressed? <u>FEELBLU11</u>	1	2	3	4	5
e. Dizzy spells? <u>DIZZY11</u>	1	2	3	4	5
f. Irritability or grouchiness? <u>IRRITAB11</u>	1	2	3	4	5
g. Feeling tense or nervous? <u>NRVOUS11</u>	1	2	3	4	5
h. Forgetfulness? <u>FORGET11</u>	1	2	3	4	5
i. Frequent mood changes? <u>MOODCHG11</u>	1	2	3	4	5
j. Heart pounding or racing? <u>HARTRAC11</u>	1	2	3	4	5
k. Feeling fearful for no reason? <u>FEAR11</u>	1	2	3	4	5
l. Headaches? <u>HDACHE11</u>	1	2	3	4	5
m. Breast pain/tenderness? <u>BRSTPAI11</u>	1	2	3	4	5
n. Vaginal irritation/itching? <u>VAGIRRT11</u>	1	2	3	4	5
o. Vaginal discharge? <u>VAGDISH11</u>	1	2	3	4	5
p. Vaginal soreness/pain? <u>VAGSORE11</u>	1	2	3	4	5

E2. The following items are about activities you might do **during a typical day**. Does your health now limit you in these activities? If so, how much? (CIRCLE ONE NUMBER ON EACH LINE, a. – j.)

<i>Activities</i>	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports <u>V_ACTI11</u>	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf <u>M_ACTI11</u>	1	2	3
c. Lifting or carrying groceries <u>LIFTING11</u>	1	2	3
d. Climbing several flights of stairs <u>CLIMBS11</u>	1	2	3
e. Climbing one flight of stairs <u>CLIMB1_11</u>	1	2	3
f. Bending, kneeling, or stooping <u>BENDING11</u>	1	2	3
g. Walking more than a mile <u>WALKM11</u>	1	2	3
h. Walking several blocks <u>WALKS11</u>	1	2	3
i. Walking one block <u>WALK1_11</u>	1	2	3
j. Bathing or dressing yourself <u>BATHING11</u>	1	2	3

E3. How much bodily pain have you had during the **past 4 weeks**? (CIRCLE ONE RESPONSE.)

	<u>BODYPAI11</u>
None	1
Very Mild	2
Mild	3
Moderately.....	4
Severe	5
Very Severe	6

E4. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (CIRCLE ONE RESPONSE.)

	<u>PAINTRF11</u>
Not at all	1
Slightly	2
Moderately.....	3
Quite a bit	4
Extremely	5

E5. The following is a list of ways you might have felt or behaved recently. How often you have felt or behaved **this way during the past week**. (PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE, a. - t.)

During the past week:	Rarely or none of the time (less than 1 DAY)	Some or a little of the time (1-2 DAYS)	Occasionally or a moderate amount of the time (3-4 DAYS)	Most or all of the time (5-7 DAYS)
a. I was bothered by things that usually don't bother me <u>BOTHER11</u>	1	2	3	4
b. I did not feel like eating; my appetite was poor <u>APPETIT11</u>	1	2	3	4
c. I felt that I could not shake off the blues even with help from my friends <u>BLUES11</u>	1	2	3	4
d. I felt that I was just as good as other people <u>GOOD11</u>	1	2	3	4
e. I had trouble keeping my mind on what I was doing <u>KEEPMIN11</u>	1	2	3	4
f. I felt depressed <u>DEPRESS11</u>	1	2	3	4
g. I felt that everything I did was an effort <u>EFFORT11</u>	1	2	3	4
h. I felt hopeful about the future <u>HOPEFUL11</u>	1	2	3	4
i. I thought my life had been a failure <u>FAILURE11</u>	1	2	3	4
j. I felt fearful <u>FEARFUL11</u>	1	2	3	4
k. My sleep was restless <u>RESTLES11</u>	1	2	3	4
l. I was happy <u>HAPPY11</u>	1	2	3	4
m. I talked less than usual <u>TALKLES11</u>	1	2	3	4
n. I felt lonely <u>LONELY11</u>	1	2	3	4
o. People were unfriendly <u>UNFRNDL11</u>	1	2	3	4
p. I enjoyed life <u>ENJOY11</u>	1	2	3	4
q. I had crying spells <u>CRYING11</u>	1	2	3	4
r. I felt sad <u>SAD11</u>	1	2	3	4
s. I felt that people disliked me <u>DISLIKE11</u>	1	2	3	4
t. I could not get going <u>GETGOIN11</u>	1	2	3	4

We have already asked you about your use of prescription hormones. There are a few specific additional medications we would like to ask you about. As you answer these questions, it would be helpful to have all of the medications you have taken in front of you so that you can read exactly what is written on the bottles and other containers.

We will ask about specific pills or medicines, including IV medications which are **prescribed** by your doctor or other health care provider that you have taken **since your last study visit**.

Please record medication name in the spaces provided and answer whether you've taken that medication at least two times per week for the last month (you will notice that, for osteoporosis medications, we ask if you have taken them at least two times per week for the last month AND if you have taken them once a week for the last month). There are two lines provided for each type of medication, in case you have taken more than one of that type of medication.

PLEASE PRINT CAREFULLY, AS MANY MEDICATIONS HAVE SIMILAR NAMES. Copy the name exactly as it appears on the container; you do not need to write down the dosage.

PRESCRIPTION MEDICATIONS

- | | |
|--------------------------------------------------------|------------------------------------------------------------------------------------|
| a. If YES, what is the name of the medication ? | b. Have you been taking it at least two times per week for the last month ? |
|--------------------------------------------------------|------------------------------------------------------------------------------------|

Since your last study visit, have you taken...

		NO	YES			NO	YES
F1. Thyroid pills?	1	2		#THYREN111, #THYRMD111			<u>THYRTW111</u>
<u>THYRO111</u> <u>THYRO1211</u>				_____	1		2
	1	2		#THYREN211, #THYRMD211		1	<u>THYRTW211</u> 2

F2. Steroid pills such as Prednisone, or cortisone?	1	2		#STEREN111, #STERMD111		1	<u>STERTW111</u> 2
<u>STEROI111</u> <u>STEROI211</u>				_____			<u>STERTW211</u> 2
	1	2		#STEREN211, #STERMD211		1	2

PRESCRIPTION OSTEOPOROSIS MEDICATIONS

	NO	YES			NO	YES
	1	2	F3a.	If yes, have you taken it in the last year?	1	2
F3. Since your last study visit have you taken any IV (intravenous, i.e. into the vein) medication to prevent or treat osteoporosis (brittle or thinning bones) such as IV bisphosphonates, Zometa, Aredia, Boniva? <u>OSTEIV11</u>						
				<u>OSTIVLY11</u>		

- a. What is the **name of the medication?**
- b. Have you been taking it at least **two times per week for the last month?**
- c. Have you been taking it **once a week for the last month?**
- d. Have you been taking it **once a month?**

Since your last study visit, have you taken any...

	<u>OSTEON111</u>	NO	YES		NO	YES		NO	YES		NO	YES	
F4. Non IV medications (such as pills, sprays, <u>OSTEON211</u> injectables) to prevent or treat osteoporosis (brittle or thinning bones) such as Fosamax, Didronel, Evista, Miacalcin, Rocaltrol, Actonel, Forteo (PTH), Boniva?		1	2	#OSTENN111, #OSTNMD111	<u>OSTNTW111</u>	1 (c)	2	<u>OSTN1W111</u>	1 (d)	2	<u>OSTN1MO111</u>	1	2
		1	2	#OSTENN211, #OSTNMD211	<u>OSTNTW211</u>	1 (c)	2	<u>OSTN1W211</u>	1 (d)	2	<u>OSTN1MO111</u>	1	2

We would like know about your participation in a health related research study other than the SWAN Study. Participation in a data registry would not be considered participation in a health related research study. (A data registry is a study that does not require a woman to do anything more than allow access to her medical records.)

G1. Are you currently participating in any other health related research study that is not a data registry?
(CIRCLE ONE RESPONSE.) **STDYOTH11**

- No..... 1 (END)
- Yes 2 (GO TO G1a)
- Refused -7 (END)

G1a. If yes, what is the name of the research study (or studies)?

Please SPECIFY: _____ **#STUDYSP1**
_____ **#STUDYSP2**
_____ **#STUDYSP3**

G1b. If yes, do you receive medical care (medications, therapy, diet/exercise regime, etc.) as part of any other research study? (CIRCLE ONE RESPONSE.) **STDYCAR11**

- No..... 1
- Yes 2
- Refused -7
- Don't know -8

Thank you very much for your time.

Date Data Entered / Initials _____

Date Verified / Initials _____

PHYSICAL MEASURES

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID

A2. SWAN STUDY VISIT # 09 VISIT

A3. FORM VERSION: 06/01/2003 #FORM_V

A4. DATE FORM COMPLETED: / / COMP_D
M M D D Y Y Y Y

A5. RESPONDENT'S DOB: / / 1 9 #DOB
M M D D Y Y Y Y
VERIFY WITH RESPONDENT

A6. MEASUREMENTS COMPLETED IN: #LOCATIO11
RESPONDENT'S HOME.....1
CLINIC/OFFICE.....2

A7. TECHNICIAN'S INITIALS

a. BLOOD PRESSURE #INITSA11

b. HEIGHT/WEIGHT #INITSB11

c. WAIST/HIP #INITSC11

A8. WERE PHYSICAL MEASURES COMPLETED? #PHYCOMP11
NO1
YES2 **(B1)**

A8.1. IF NO (i.e. PHYSICAL MEASURES NOT DONE), SPECIFY REASON: #PHYNOT

UNWILLING/UNABLE TO COME TO OFFICE1 **(END)**
OUTSIDE OF 90-DAY WINDOW2 **(END)**
OTHER3 **(END)**
IF OTHER, SPECIFY _____ #PHYNOTS
REFUSED-7 **(END)**

~ A randomly generated ID will be provided that is different from the original ID.
† This date is given in days since the initial baseline interview, which is day zero.

Section B. Measurements

B1. ARM LENGTH _____ . _____ cm **#ARMLNGT11**

B2. ARM CIRCUMFERENCE _____ . _____ cm **#ARMCIRC11**

B3. CUFF SIZE USED (Circle one.) 1. Pediatric 3. Large Adult
2. Adult 4. Thigh **#CUFFSIZ11**

Wait 5 minutes before measurements. Respondent is to sit quietly for 5 minutes with feet flat on the floor (legs uncrossed) and is to refrain from talking during the measurements.

WAIT 2 MINUTES BETWEEN EACH BLOOD PRESSURE READING.

B4. PULSE _____ beats/30 sec **PULSE11**

B5. BLOOD PRESSURE #1 (SYS./DIA. 5th Phase) _____ / _____ mmHg

SYSBP111 / DIABP111

B6. BLOOD PRESSURE #2 (SYS./DIA. 5th Phase) _____ / _____ mmHg

SYSBP211 / DIABP211

Ask the respondent to remove her shoes before measuring height and weight.

B7. HEIGHT _____ . _____ cm **HEIGHT11**

B7.1. Measurement Method 1. Stadiometer 2. Portable
3. Self Report **HTMETHO11**

B7.1.a. If Self Report, then choose one of the following **HTSELF11**

1. Participant in wheelchair/disabled 2. Equipment Failure
3. Refused to be measured 4. Other **#HTSELFS11**
Specify _____

B8. WEIGHT _____ . _____ kg **WEIGHT11**

B8.1. Scales 1. Balance Beam 2. Clinic Digital **SCALE11**
3. Portable 4. Self Report

B8.1.a. If Self Report, then choose one of the following **WTSELF11**

1. Participant in wheelchair/disabled 2. Equipment Failure
3. Refused to be weighed 4. Participant weight more than scale
5. Other **#WTSELFS11**
Specify _____

B9. WAIST CIRCUMFERENCE _____ . _____ cm **WAIST11**

B9.1. Measurement taken in: 1. Undergarments 2. Light clothing **WASTMEA11**

B10. HIP CIRCUMFERENCE _____ . _____ cm **HIP11**

B10.1. Measurement taken in: 1. Undergarments 2. Light clothing **HIPMEAS11**

B11. **Please note if there were any unusual circumstances or deviations from the protocol.**

#DEVIAT111 / #DEVIAT211

ADDITIONAL MEASURES COLLECTED

RACE/ETHNICITY

RACE Participant race/ethnicity is provided from the Screener dataset, coded as:

- 1= Black
- 2= Chinese/Chinese American
- 3= Japanese/Japanese American
- 4= White Non-Hispanic
- 5= Hispanic

SITE

SITE Participant study site is provided from the Screener dataset, coded as:

- 11= Detroit, MI
- 12= Boston, MA
- 13= Chicago, IL
- 14= Oakland, CA
- 15= Los Angeles, CA
- 16= Newark, NJ
- 17= Pittsburgh, PA